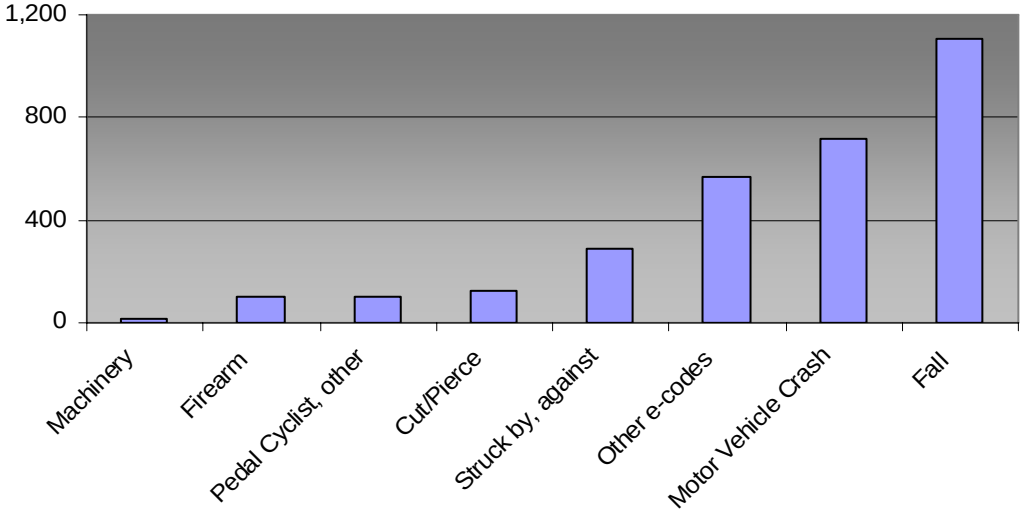
Pre-hospital Patient Care

EMS-C

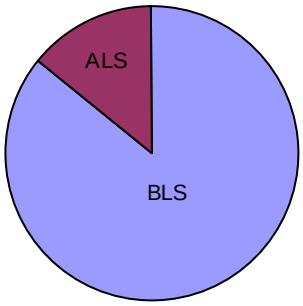
VIRGINIA EMERGENCY MEDICAL SERVICES FOR CHILDREN (VA EMSC)
Established in 1996.

The program aims to improve pediatric emergency care capabilities, childhood injury prevention initiatives, pediatric data and school health within the Commonwealth of Virginia through education, system development and research. The goals are to ensure that state-of-the-art emergency medical care is available for all ill or injured children and adolescents; that pediatric services are well integrated into an emergency medical services (EMS) system; and that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care and rehabilitation, are provided to children and adolescents.

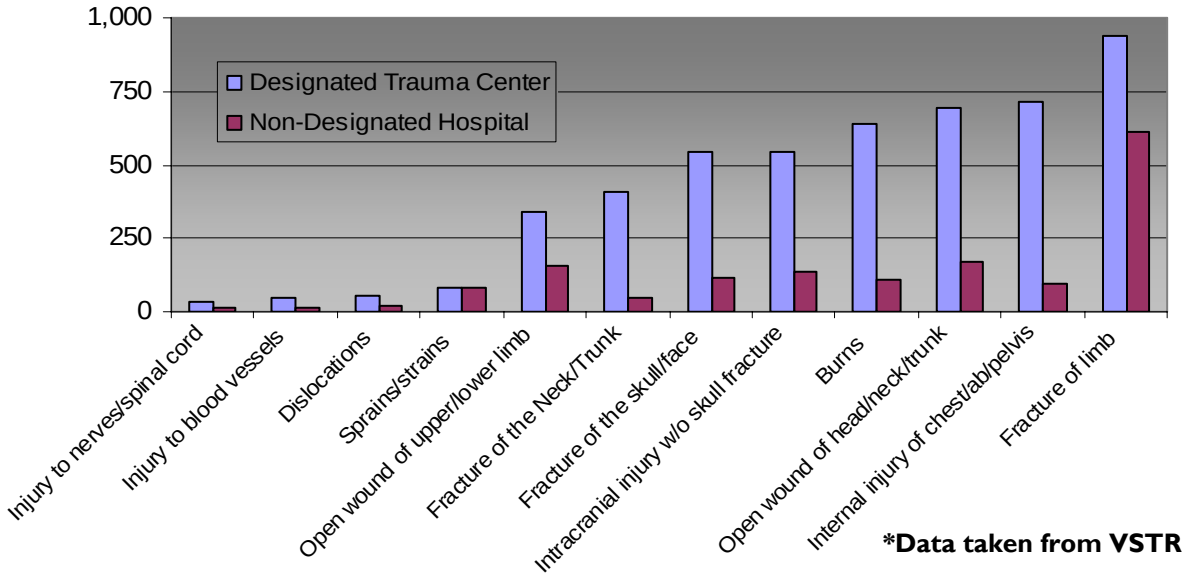
Pediatric Mechanisms of Injury



Pediatric Call Types



Common Pediatric Diagnosis Groups*



***Data taken from VSTR**

Office of Emergency Medical Services
Division of Trauma/Critical Care

Pre-hospital Patient Care

Motor Vehicle Accidents

National Highway Traffic Safety Administration
Focus on Motor Vehicle Collisions (MVC's)

Alcohol

A motor vehicle crash is considered to be alcohol-related if at least one driver or non-occupant (such as a pedestrian or pedalcyclist) involved in the crash is determined to have a blood alcohol concentration (BAC) of .01 gram per deciliter(g/dL) or higher. The term "alcohol related" does not indicate that a crash or fatality was caused by the presence of alcohol. Traffic fatalities in alcohol-related crashes fell by 2.4% from 17,105 in 2003 to 16,694 in 2004. The 16,694 alcohol-related fatalities in 2004 comprise 39% of total traffic fatalities for the year. An estimated 248,000 people were injured in crashes where police reported that alcohol was present. Approximately 1.4 million drivers were arrested in 2003 for driving under the influence of alcohol or narcotics (2004 data not yet available). 21% of the children age 14 and younger who were killed in MVC's were killed in alcohol-related crashes.

Children

In 2004, there were a total of 42,636 traffic fatalities in the United States. The 14 and under age group accounted for 5% (2,157) of those traffic fatalities. This age group accounted for 4% (1,638) of all vehicle occupant fatalities, 9% (246,000) of all people injured in motor vehicle crashes, and
8% (214,000) of all the vehicle occupants injured in crashes. Nearly one-fifth (19%) of all children between the ages of 5 and 9 who were killed in traffic crashes were pedestrians.

Pedestrians

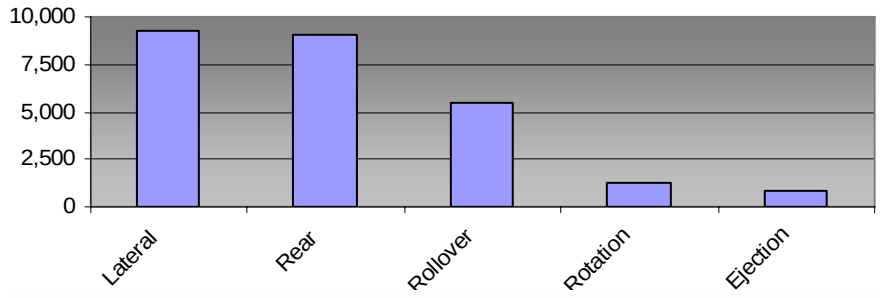
In 2004, 4,641 pedestrians were killed in traffic crashes in the United States, a decrease of 15% from the 5,489 pedestrians killed in 1994. There were 68,000 pedestrians injured in traffic crashes in 2004. 72% of the fatalities occurred in urban areas, at non-intersection locations (79%), in normal weather conditions (89%), and at night (66%). More than two-thirds of the pedestrians killed in 2004 were males.

Speeding

Speeding is one of the most prevalent factors contributing to traffic crashes. The economic cost to society of speeding related crashes is estimated by NHTSA to be $40.4 billion per year. In 2004, speeding was a contributing factor in 30 percent of all fatal crashes and 13,192 lives were lost in speeding related crashes.

All National MVC information taken from NHTSA's National Center for Statistics & Analysis. http://www-nrd.nhtsa.dot.gov

Type of Motor Vehicle Impacts



Motor vehicle accidents are the most common cause of traumas in Virginia.

For "type of impact" and "safety devices" fields, agencies are permitted to report up to five items for each. Therefore, counts are not indicative of actual number of cases.

Safety Devices Used in MVC's	
Shoulder and lap belt	27969
None	10672
Airbag Deployed	7756
Helmet	2122
Child Safety Seat	1037
Shoulder belt only	909
Lap belt only	706

Phone: 804-864-7600
Fax: 804-864-7580
http://www.vdh.virginia.gov/oems/

Office of Emergency Medical Services
109 Governor Street, UB-55
Richmond, VA 23219